

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90124 019 \*\*\*150.00

**DOCUMENT # F95000000984**

1. Entity Name

**LAURENTIAN CREDIT SERVICES CORPORATION**

Principal Place of Business

**440 MT. RUSHMORE ROAD  
 RAPID CITY SD 57701**

Mailing Address

**ONE EAST FOURTH STREET  
 8TH FLOOR  
 CINCINNATI OH 45202-3717**

2. Principal Place of Business

**250 East Fifth Street**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Cincinnati, OH**

City & State

Zip  
**45202**

Country  
**US**

Zip

Country

4. FEI Number

**23-2788961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STREETMAN, JOHN A	
STREET ADDRESS	1201 ROBERTS BLVD.	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUETHING, MARK F	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	S-	<input type="checkbox"/> Delete
NAME	GAYNOR, WILLIAM T JR	
STREET ADDRESS	525 VINE STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	DC	<input type="checkbox"/> Delete
NAME	TATE, JEFFREY S	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANEY, WILLIAM J	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MISCHELL, THOMAS E	
STREET ADDRESS	ONE EAST FOURTH STREET 8TH FLOOR	
CITY-ST-ZIP	CINCINNATI OH 45202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas E. Mischell*  
 Thomas E. Mischell

Assistant Treasurer

4/5/2000

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)